

The following services are exempt from managed care referral requirements when provided by school-based primary health care providers (nurse practitioners and physicians assistants only):

CPT Code	Service/Procedure
	E & M services:
99201	New patient office or other outpatient visit (problem focused)
99202	New patient office or other outpatient visit (exp prb focused)
99211	Est patient office or other outpatient visit (minimal)
99212	Est patient office or other outpatient visit (prob focused)
99213	Est patient office or other outpatient visit (expanded)
	Preventive Medicine Services (EPSDT):
99383	New patient late childhood
99384	New patient adolescent
99393	Est patient late childhood
99394	Est patient adolescent
99395	Est patient Age 18 through 39
99401	New or est patient preventive medicine counseling appr 15 min.
99402	New or est patient preventive medicine counseling appr 30 min.
	Procedures or Laboratory:
10060	Integumentary sys/surgery I&D of abscess (simple)
11730	Integumentary sys/surgery avulsion of nail plate (simple)
12001	Integumentary sys/surgery simple repair of superficial wounds
36415	CV system/surgery routine
69200	Auditory system/surgery removal foreign body from ext aud canal
69210	Auditory system/surgery removal impacted cerumen
94640	Pulmonary non-pressurized inhalation treatment
82948	Path & lab/chem glucose, blood reagent strip
82962	Path & lab/chem glucose, blood by glucose monitoring
85013	Path & lab/hem & coag spun microhematocrit
85018	Path & lab/hem & coag hemoglobin
87210	Microbio/path & lab wet mount
87430	Microbio/path & lab Streptococcus
81000	Path & lab/chem urinalysis by dipstick or tablet reagent
81002	Path & lab/chem urinalysis, non-automated w/o microscopy
81003	Path & lab/chem urinalysis, automated w/o microscopy
87210	Wet Mount
90772	Immunization administration, one vaccine
90471	Immunization administration, each additional vaccine
99000	Pap Smear specimen handling
	Medications:
J7618	Drug administered Albuterol, all formulations
J1055	Drug administered other than oral Depo Provera 150 mg. IM
J0696	Drug administered other than oral Ceftriaxone 250 mg. IM per vial
Q0144	Drug administered Azithromycin oral powder 1gm.
	Supplies/Durable Medical Equipment:
A4614	Supplies/DME peak flow meter